

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **91554547**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1	✓			51						
2		1		1	✓		52						
3		1		1	✓		53						
4		3		1	✓		54						
5		6		1	✓		55						
6		6		1	✓		56						
7		6		1	✓		57						
8		6		1	✓		58						
9		6		1	✓		59						
10		6		1	✓		60						
11		6		1	✓		61						
12		6		1	✓		62						
13		6		1	✓		63						
14		6		1	✓		64						
15		6		1	✓		65						
16		6		1	✓		66						
17		6		1	✓		67						
18		6		1	✓		68						
19		6		1	✓		69						
20		6		1	✓		70						
21		6		1	✓		71						
22		6		1	✓		72						
23		6		* 4			73						
24		6		1	✓		74						
25		6		1	✓		75						
26		6		1	✓		76						
27		6		1	✓		77						
28		6		1	✓		78						
29		6		1	✓		79						
30		6		3	✓		80						
31		6		1	✓		81						
32		6		1	✓		82						
33		6		1	✓		83						
34		6		* 2			84						
35		6		1	✓		85						
36		6		1	✓		86						
37		6		1	✓		87						
38		6		* 2			88						
39		6		* 4			89						
40		6		* 4			90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.		44		52			TOTAL DEP.						
TOTAL CLAIMS		45		52			TOTAL CLAIMS						